

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Planned Parenthood Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014		
Mailing Address 434 West 33rd Street			Amount 135.00		
City New York	State NY	Zip Code 10001	Transaction ID : B508860 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Purpose of Expenditure List rental		Category/ Type 004			
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 208707.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 434 West 33rd Street			Amount 388.66		
City New York	State NY	Zip Code 10001	Transaction ID : B508864 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Purpose of Expenditure List rental		Category/ Type 004			
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 208707.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	523.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aaron Samulcek
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Mailing Address 434 West 33rd Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1200.00</div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508867 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 24 / 2014</div> </div>	
Purpose of Expenditure Predictive dialer minutes for phone banks		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Action Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 30 / 2014</div> </div>	
Mailing Address 434 West 33rd Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.74</div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508868 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 30 / 2014</div> </div>	
Purpose of Expenditure List rental		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1208.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aaron Samulcek

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 131.10	
City New York	State NY	Zip Code 10001	Transaction ID : B508870
Purpose of Expenditure Postage		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 13493.26	
City Washington	State DC	Zip Code 20005	Transaction ID : B508872
Purpose of Expenditure Volunteer recruitment phone banks		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13624.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 13493.26	
City Washington	State DC	Zip Code 20005	Transaction ID : B508873
Purpose of Expenditure Persuasion phone banks	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 208707.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 8995.51	
City Washington	State DC	Zip Code 20005	Transaction ID : B508874
Purpose of Expenditure Persuasion canvasses	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 208707.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22488.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014		
Mailing Address 1110 Vermont Ave N.W.			Amount 8995.50		
City Washington	State DC	Zip Code 20005	Transaction ID : B508875		
Purpose of Expenditure Persuasion events		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 208707.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Health Systems Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014		
Mailing Address 100 South Boylan Ave.			Amount 3975.00		
City Raleigh	State NC	Zip Code 27603	Transaction ID : B508876		
Purpose of Expenditure Volunteer recruitment phone banks		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 208707.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12970.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 3975.00	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B508877
Purpose of Expenditure Persuasion phone banks		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 2650.00	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B508878
Purpose of Expenditure Persuasion canvasses		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6625.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Health Systems Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014		
Mailing Address 100 South Boylan Ave.			Amount 2650.00		
City Raleigh	State NC	Zip Code 27603	Transaction ID : B508879		
Purpose of Expenditure Events		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 208707.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2014		
Mailing Address 1701 I Street NW Ste 550			Amount 1385.00		
City Washington	State DC	Zip Code 20005	Transaction ID : B508880		
Purpose of Expenditure Printing of canvass lit		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2014		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 208707.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4035.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 434 West 33rd Street		Amount 135.00	
City New York	State NY	Zip Code 10001	Transaction ID : B508861
Purpose of Expenditure List rental	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 208707.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 284.66	
City Washington	State DC	Zip Code 20005	Transaction ID : B508862
Purpose of Expenditure Printing of signs and banners	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 208707.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	419.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 10 / 2014</div> </div>	
Mailing Address 434 W 33rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">230.13</div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508863 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 10 / 2014</div> </div>
Purpose of Expenditure Rental of sound and staging equipment for rally		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">208707.38</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 10 / 2014</div> </div>	
Mailing Address 434 West 33rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">388.67</div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508865 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 10 / 2014</div> </div>
Purpose of Expenditure List rental		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">208707.38</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">618.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 434 West 33rd Street		Amount 333.73	
City New York	State NY	Zip Code 10001	Transaction ID : B508866
Purpose of Expenditure List rental		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 8.74	
City New York	State NY	Zip Code 10001	Transaction ID : B508869
Purpose of Expenditure List rental		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	342.47
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aaron Samulcek

[Electronically Filed]

Date

MM / DD / YYYY
08 / 01 / 2014

Signature

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 131.10	
City New York	State NY	Zip Code 10001	Transaction ID : B508871
Purpose of Expenditure Postage	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Thom Tillis	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	208707.38	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>07 / 30 / 2014</div> </div>	
Mailing Address 434 West 33rd Street		Amount <div> <div>177.76</div> </div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508901 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>07 / 30 / 2014</div> </div>
Purpose of Expenditure List rental		Category/ Type <div>004</div>	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>208707.38</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	308.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	12	OF	12
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2014	
Mailing Address 1701 I Street NW Ste 550		Amount 1385.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B508881
Purpose of Expenditure Printing of canvass lit	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2014	
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1385.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	64550.82

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aaron Samulcek

[Electronically Filed]

Date

MM / DD / YYYY
08 / 01 / 2014

Signature